



Vision Care

January 2006 • Bulletin 335

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Medi-Cal Training Seminars

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Conversion of Vision Care Interim Billing Codes and Modifiers and Notice of Public Comment Period



claims for dates of service on or after July 1, 2006 must be billed with HIPAA-compliant codes and modifiers.

The new billing codes and associated rate information are available for review on the Medi-Cal Comment Forum page of the Medi-Cal Web site. Providers must not bill using the new codes until instructed to do so in future *Medi-Cal Updates*. CPT-4 codes 92002 – 92012, 99201 – 99215, 99241 – 99243 and HCPCS Level II codes V2623 – V2629 are not impacted by these changes, and will not be listed on the Medi-Cal Comment Forum Page.

A public comment period runs from January 16, 2006 through February 28, 2006. (See below for more details.) Unless any grave concerns result from the public comments, CDHS will proceed with the code and modifier changes.

Comment Period

Notice is hereby given that CDHS will conduct written public proceedings, during which time any interested person or such person's duly authorized representative may present statements, arguments or contentions (hereafter referred to as "comments") relevant to the action described in this notice.

Comments must be received by CDHS by 5 p.m. on February 28, 2006, which is hereby designated as the close of the written comment period. All written comments to CDHS, including e-mail, mail or fax transmissions, must include the author's name, organization or affiliation and telephone number.

Comment Instructions

The Medi-Cal Comment Forum page includes links for e-mail comments by "Providers," "Medi-Cal Managed Care Plans" or "General Public." The "Medi-Cal Comment Forum" page is located in the HIPAA Update section on the Medi-Cal Web site (www.medi-cal.ca.gov). Providers should click the "HIPAA" link on the home page and then the "Medi-Cal Comment Forum" link. Comments should be entered in the body of the e-mail and sent to the pre-formatted address in the "To:" line.

Note: E-mail is not confidential, so users should be cautious when entering confidential or sensitive information. E-mail addresses will not be shared with outside parties, but may be used for future CDHS mailings.

*Please see **Comment Period**, page 2*

Comment Period (*continued*)

Comments may also be submitted by mail or fax to:

Medi-Cal Comment Forum
P.O. Box 13811
Sacramento, CA 95853
Fax: (916) 638-8976

Again, all written comments to CDHS, including e-mail, mail or fax transmissions, must include the author's name, organization or affiliation and telephone number.

Health plans are requested to centralize their comments and send them to CDHS through their designated HIPAA contact person.

Procedure Code and Modifier(s) Combination on Claim and TAR Must Match

Effective for dates of service on or after March 1, 2006, the procedure code and modifier(s) combination on the claim submitted must match the procedure code and modifier(s) combination authorized on the *Treatment Authorization Request* (TAR). Failure to do so may result in denial of the claim.

Note: All current policies regarding the placement or order of modifiers on the claim and/or TAR remain the same.

**837 v.4010A1 Electronic Claims with Attachments Now Available**

Providers now have the ability to submit 837 v.4010A1 electronic claim submissions with attachments by either faxing the attachments or sending them electronically through an approved third-party vendor.

To utilize this new process, providers must be authorized to bill 837 v.4010A1 electronic claims. The fax process includes an *Attachment Control Form* (ACF), which is used as a coversheet for the supporting fax attachments. The ACF has a pre-printed Attachment Control Number (ACN) that submitters input on their electronic claim submission in the PWK segment. Providers submit the electronic claim, then fax the ACF and the attachments to Medi-Cal. Each ACF and corresponding attachments require a separate fax call. Each call to the fax server must include only one ACF as the first page followed by the attachment pages that correspond to that ACF. The phone number to fax attachments is 1-866-438-9377.

The electronic process involves approved third-party vendors that preprocess the attachments and send the images electronically on the provider's behalf. Medi-Cal links the faxed or electronic attachments to the appropriate electronic claim.

Providers have a maximum of 30 calendar days from the date of claim submission to submit the supporting faxed or electronic attachments. For further information regarding attachment submissions, please refer to the *Billing Instructions* section of the *837 Version 4010A1 Health Care Claim Companion Guide* on the Medi-Cal Web site (<http://www.medi-cal.ca.gov>) by clicking the "HIPAA" link on the home page, then the "ASC X12N Version 4010A1 Companion Guides and NCPDP Technical Specifications" link and then the "Billing Instructions" link.

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